it be generally appreciated that some children may bear several. Little difficulty should arise in babies of the Mongolian races (of whom up to 98% may have one or more blue spots) unless the baby is very heavily pigmented. It is the occurrence of the melanocytes in the dermis of the darker-skinned African baby that gives rise to the appearance of a bruise, and it is therefore in African children that the mistake is most likely to occur.

I need hardly add it becomes very embarrassing for the practitioner if he wrongly suspects a blameless mother of ill-treating her child through mistaking this not unusual and quite harmless lesion for bruising. Nearly all Mongolian blue spots will fade within a few months of birth; exceptionally they may last for a year or longer.—I am, etc.,

E. J. MOYNAHAN.

Guy's Hospital,
London S.E.1.

Food for the Mentally Subnormal

SIR,—As a regional board member I have had the opportunity to go round hospitals for the subnormal. I have been deeply impressed with the very great improvement in and development of the personalities of these unfortunates by both improved physical environment and modern educational methods applied with devotion and high intelligence.

There is however one other element of environment which worries me. It is a matter of statistics. The average weekly cost of food in subnormality hospitals, the mental hospitals, and the acute general hospitals bear a cost relation to one another of something approximating to $4\frac{1}{2}$, 7, and 9. There are many reasons given for the low figure in the subnormality hospitals such as the need to use foods that can easily be fed where necessary; that change and variety are not really appreciated, etc.; and that dieticians called in have said that the diet provided is entirely adequate in calories, vitamins, minerals, etc.

Seeing, however, for myself the difference in comparable groups where physical environment and educational opportunity have been the changed factors, I am persistently nagged by a suspicion that a diet throughout life so markedly cheaper must have some effect. Moreover, consider that these "patients" start at birth or early in life in the care of the service and are there throughout their developing years. Should not the question be examined by some commission of experts with no present responsibility in the matter?—I am, etc.,

F. H. STEVENSON.

Royal National Orthopaedic Hospital,
London W.1.

Investigating the Gypsies

SIR,—We are presently investigating the biological characteristics of British gypsies in collaboration with the Serological Population Genetics Laboratory of the Medical Research Council, as a contribution to international research on ethnic groups. In addition to the basic physical anthropology, tests include extensive blood grouping, serum protein and enzyme analysis, haematocrit values, blood group antibody, and urinary screening tests are carried out as a routine practical measure.

Our sample is now approaching 200 travellers of mixed derivation (English, Irish, and Romani) with the hope of testing some 500 individuals in all. It seems probable that with the social pressures upon them many true gypsies of Romani origin are now sedentary. We wish to appeal to general practitioners having persons claiming such heritage on their lists to contact us if they are prepared to co-operate with us in this study, mainly by providing blood and/or other specimens, or even relevant addresses.

We shall be pleased on request to supply fuller information on the research. Records of any blood grouping carried out through hospitalization would also be invaluable.—We are, etc.,

E. SUNDERLAND.
V. A. CLARKE.

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Childhood Autism

SIR,—"Autistic" has taken over from "spastic" as the currently fashionable euphemism to embrace all non-communicating children functioning at a mentally subnormal level, whatever their level of intelligence and whatever the cause of the condition.

I wish, therefore, to support wholeheartedly Dr. Myre Sim's warning (31 January, p. 300) of the danger of diverting a disproportionate share of our hopelessly inadequate resources, both of money and of trained personnel, from the main body of the mentally subnormal to any particular group such as autistic children. This would be justifiable only if it could be shown that the benefit to the latter was greater than that to the majority of mentally subnormal patients, given a similar investment of time and money.—I am, etc.,

W. A. HEATON-WARD.

Bristol 8.

SIR,—Dr. Myre Sim (31 January, p. 300) appears to be confusing severely subnormal children with autistic symptoms and the truly autistic child as described by Kanner.[1] While the first type require and benefit from rather different care and training than the communicating severely subnormal child, the second type are the real educational challenge. These children are untestable when first seen, but later test at a near normal or superior range and show a typical wide scatter in test scales. (That fits in with the "islets of normal or near normal ability" mentioned in Creak's[2] nine points).

Six autistic children, all untestable when first seen, were tested two years ago by the educational psychologist at this clinic. They were then aged between 7 years 2 months and 11 years 3 months and they scored on the Wechsler Intelligence Scale for Children from 75 to 130. The reading age of one child aged 7 years 2 months with I.Q. 130 was 13 years 3 months, and that of another child aged 7 years 9 months with I.Q. 109 was 14 years 7 months. Three of the six children are now no behaviour problem at normal schools and are functioning up to their level educationally; one is in a boarding school because of an adverse home background; one is in a special education group at a junior training centre, and one I have lost touch with, but he was when last contacted coping in a normal school. Another child, not on this list, with similar W.I.S.C. readings, is performing well at an ordinary school, and I have just started "treatment" with three more five year olds, one with a reading age of 10·8. None of these children is suffering from a form of mental subnormality or dementia, though all at one time needed special educational provision.

I am not advocating uniform blanket facilities for education and treatment. Autism probably covers a number of related conditions and different children need help in different ways. This is what should be freely available—I am, etc.,

HAZEL BAKER.

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Staffordshire County Council.

REFERENCES

1 Kanner, L., *Nervous Child*, 1943, **2**, 217.
2 Creak, M., *et al.*, *British Medical Journal*, 1961, **2**, 889.

SIR,—Dr. Myre Sim (31 January, p. 300) raises two separate but related matters.

Firstly, there is the question of what can be done for the autistic child. This depends upon the type of autism we are dealing with. I have suggested[1] the following classification of autism. Group 1(a), the classic Kanner syndrome. Children in this group present with a clear history of symptoms originating during the first year of life. Group 1(b) comprises apparently normal children whose symptoms appear during the first three years of life, after an acute "event." This may be physical, for instance after an illness, or psychological, such as a severe shock. However, careful inquiry sometimes establishes that a mild degree of abnormal behaviour existed before the "event."

Group 2 consists of children who show autistic signs and symptoms secondary to gross mental retardation (particularly phenylketonuria) or in association with handicaps arising from an organic brain lesion, blindness, or deafness.

Group 3 consists of children who present as clinically autistic but whose behaviour is related to specific long-standing psychological trauma without preceding abnormal behaviour. The autistic symptoms disappear when the specific trauma is alleviated or the environment is manipulated. This group is not truly autistic and will not be considered further. Group 2 can be helped but never cured. However, by vigorous treatment such a child can sometimes be changed from an egoistical monster into a child who can be safely and happily looked after at home.

It is Group 1 who offer the greatest hope. But only if they are treated vigorously and early—three years is already very late. It is